

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☐ Chapter 7☒ Chapter 11☐ Chapter 12☐ Chapter 13☐ Check if this is an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Rhenish

First name

Resayo

Middle name

Bring your picture identification to your meeting with the trustee.

Morales

Last name and Suffix (Sr., Jr., II, III)

Jocelyn

First name

Comia

Middle name

Morales

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

AKA Rhen Morales  
AKA Rhen C. Morales  
AKA Rhenish R. Morales  
AKA Rhen Resayo Morales  
FMEM MBE Group, LLC

AKA Jocelyn C. Morales  
AKA Jocelyn Morales  
AKA Joyce Morales

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx-xx-0703

xxx-xx-8484

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

5. Where you live

323 Evergreen Dr  
South San Francisco, CA 94080  
Number, Street, City, State & ZIP Code

San Mateo  
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:  
☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  
☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:  
☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  
☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.  
☐ Yes.
- |          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No  
☐ Yes.
- |                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☒ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes.

What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code



**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6:** Answer These Questions for Reporting Purposes

<b>16. What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16c. State the type of debts you owe that are not consumer debts or business debts  
<b>17. Are you filing under Chapter 7?</b>	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>18. How many Creditors do you estimate that you owe?</b>	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999
	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000
	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<b>19. How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million
	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million
	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million
	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million
	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7:** Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rhenish Resayo Morales

Rhenish Resayo Morales  
Signature of Debtor 1

Executed on July 19, 2024  
MM / DD / YYYY

/s/ Jocelyn Comia Morales

Jocelyn Comia Morales  
Signature of Debtor 2

Executed on July 19, 2024  
MM / DD / YYYY

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

**For your attorney, if you are represented by one**  
  
**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lars Fuller  
Signature of Attorney for Debtor

Date July 19, 2024  
MM / DD / YYYY

Lars Fuller  
Printed name

The Fuller Law Firm PC  
Firm name

60 N Keeble Avenue  
San Jose, CA 95126  
Number, Street, City, State & ZIP Code

Contact phone (408) 295-5595  
Email address admin@fullerlawfirm.net

141270 CA  
Bar number & State

**Fill in this information to identify your case:**

Debtor 1 Rhenish Resayo Morales  
First Name Middle Name Last Name

Debtor 2 Jocelyn Comia Morales  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**B 104****For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.****Unsecured claim**

<b>1</b>	<b>What is the nature of the claim?</b>	2018 Tesla Model X 100,000 milesEstimated value per Nada.com	\$12,104.04
Ally Financial P.O. Box 380901 Minneapolis, MN 55438	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
	<b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim	 \$39,099.04 - \$26,995.00 \$12,104.04	
Contact  Contact phone			
<b>2</b>	<b>What is the nature of the claim?</b>	Personal cc; bus. use	\$15,407.49
Amex PO Box 981535 El Paso, TX 79998	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
	<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security:	 - -	
Contact  			

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

Contact phone

Unsecured claim

3

Bank of America  
P.O. Box 672050  
Dallas, TX 75267

What is the nature of the claim?

personal credit card;  
business use

\$20,653.88

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

4

CapitalOne  
P.O. Box 30285  
San Francisco, CA 94130

What is the nature of the claim?

personal credit card;  
bus use

\$30,828.32

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

5

Citi/AT&T Universal Card  
PO BOX 6500  
Sioux Falls, SD 57117

What is the nature of the claim?

Personal credit card;  
bus use

\$15,535.58

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

6

Citi/Costco Visa  
PO Box 790046  
Saint Louis, MO 63179

What is the nature of the claim?

personal credit card;  
bus use

\$27,911.08

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

☒ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

7

**What is the nature of the claim?**

Personal guarantee of  
MBE lease-Merced Loc

\$18,781.52

Denise R. Oneto Revocable Trust  
c/o Tenetti Realty Group  
2930 G St.  
Merced, CA 95340

**As of the date you file, the claim is:** Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

8

**What is the nature of the claim?**

Personal guarantee of  
lease arrears

\$52,000.00

Glad Family Limited Partnership  
7313 Beltis Dr.  
Modesto, CA 95356

**As of the date you file, the claim is:** Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

9

**What is the nature of the claim?**

Personal credit card;  
bus. use

\$5,902.48

JPMorgan Chase Bank  
P.O. Box 15298  
  
Wilmington, DE 19850

**As of the date you file, the claim is:** Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim

Contact

Contact phone

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

10

Loan Builder Paypal  
3505 Silverside Rd.  
Wilmington, DE 19810

What is the nature of the claim?

Guarantee of business  
loan

\$99,866.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim -

Contact

Contact phone

11

Lynn J. Kelly & Dale L. Larocca  
Partners  
c/o Steve Crane  
Morley Fredericks Real Estate  
Services  
1414 4th St.  
San Rafael, CA 94901

What is the nature of the claim?

Personal guarantee of  
MBE lease San Bruno  
Loc.

\$24,283.84

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim -

Contact

Contact phone

12

Midas International, LLC  
c/o Law Office of D. Park Smith  
250 Cherry Springs Road, Suite  
200  
Hunt, TX 78024

What is the nature of the claim?

Pers guarantee of  
franchise charges

\$432,860.68

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured)  
Value of security: -  
Unsecured claim -

Contact

Contact phone

13

Midas Realty, LLC  
4300 TBC Way  
Palm Beach Gardens, FL 33410

What is the nature of the claim?

\$320,983.72

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

**Does the creditor have a lien on your property?**

Contact

Contact phone

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

Unsecured claim

-

14

Samson MCA, LLC  
c/o Berkovitch & Bouskila, PLLC  
1545 U.S. 202, Suite 101  
Pomona, NY 10970

Contact

Contact phone

**What is the nature of the claim?**

Pers guar of MCA.  
Amt.. previously  
adjudicated

\$46,480.00

**As of the date you file, the claim is:** Check all that apply

☐

Contingent

☐

Unliquidated

☒

Disputed

☐

None of the above apply

**Does the creditor have a lien on your property?**

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

Unsecured claim

-

15

Valley First CU  
PO Box 1411 | Modesto, CA  
Modesto, CA 95353

Contact

Contact phone

**What is the nature of the claim?**

2022 Tesla Model Y  
50,000 miles Estimated  
value per Nada.com

\$3,267.00

**As of the date you file, the claim is:** Check all that apply

☐

Contingent

☐

Unliquidated

☐

Disputed

☒

None of the above apply

**Does the creditor have a lien on your property?**

☐

No

☒

Yes. Total claim (secured and unsecured)

Value of security:

Unsecured claim

\$35,387.00

-

\$32,120.00

\$3,267.00

16

VOX Funding  
100 Park Ave., 26th Floor  
New York, NY 10017

Contact

Contact phone

**What is the nature of the claim?**

Pers guaranty of MCA  
loan

\$102,423.43

**As of the date you file, the claim is:** Check all that apply

☐

Contingent

☐

Unliquidated

☐

Disputed

☒

None of the above apply

**Does the creditor have a lien on your property?**

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

Unsecured claim

-



Debtor 1      Rhenish Resayo Morales  
Debtor 2      Jocelyn Comia Morales \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

<b>X</b> <u>/s/ Rhenish Resayo Morales</u> Rhenish Resayo Morales Signature of Debtor 1	<b>X</b> <u>/s/ Jocelyn Comia Morales</u> Jocelyn Comia Morales Signature of Debtor 2
---	---

Date <u>July 19, 2024</u>	Date <u>July 19, 2024</u>
---------------------------	---------------------------

**Fill in this information to identify your case:**

Debtor 1 Rhenish Resayo Morales  
First Name Middle Name Last Name

Debtor 2 Jocelyn Comia Morales  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**  
Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from Schedule A/B..... \$ 2,073,600.00
- 1b. Copy line 62, Total personal property, from Schedule A/B..... \$ 95,230.20
- 1c. Copy line 63, Total of all property on Schedule A/B..... \$ 2,168,830.20

**Part 2: Summarize Your Liabilities****Your liabilities**  
Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*... \$ 1,542,234.15
3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... \$ 0.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... \$ 1,213,918.02

**Your total liabilities** \$ 2,756,152.17

**Part 3: Summarize Your Income and Expenses**

4. **Schedule I: Your Income** (Official Form 106I)  
Copy your combined monthly income from line 12 of *Schedule I*..... \$ 3,500.00
5. **Schedule J: Your Expenses** (Official Form 106J)  
Copy your monthly expenses from line 22c of *Schedule J*..... \$ 13,276.75

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

Total claim

From Part 4 on Schedule E/F, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$
- 9d. Student loans. (Copy line 6f.) \$
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +\$

- 9g. **Total.** Add lines 9a through 9f.

\$

Fill in this information to identify your case and this filing:

Debtor 1	Rhenish Resayo Morales		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jocelyn Comia Morales		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF CALIFORNIA</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:** Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1

323 Evergreen Drive

Street address, if available, or other description

South San  
Francisco

CA

94080

City

State

ZIP Code

San Mateo

County

**What is the property?** Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Estimated value per Zillow.com \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,383,800.00

Current value of the portion you own?

\$1,383,800.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

If you own or have more than one, list here:

1.2

1595 N Temperance Avenue

Street address, if available, or other description

Fresno CA 93727

City State ZIP Code

Fresno

County

What is the property? Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Estimated value per Zillow.com

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$689,800.00

Current value of the portion you own?  
\$689,800.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$2,073,600.00

## Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1 Make: Tesla  
Model: Model X  
Year: 2018  
Approximate mileage: 100,000  
Other information:  
Estimated value per Nada.com

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$26,995.00

Current value of the portion you own?  
\$26,995.00

3.2 Make: Tesla  
Model: Model Y  
Year: 2022  
Approximate mileage: 50,000  
Other information:  
Estimated value per Nada.com

Who has an interest in the property? Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$32,120.00

Current value of the portion you own?  
\$32,120.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$59,115.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Washer and dryer (2)

\$800.00

Furniture

\$300.00

Linens, sheets and towels

\$100.00

Mattress and box spring

\$75.00

Small kitchen appliances

\$100.00

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

Personal computer

\$300.00

Refrigerators (2)

\$600.00

TV's, stereos, mobile phone and other electronics

\$400.00

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Clothing and Wearing Apparel

\$400.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Wedding rings

\$800.00

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

- ☒ No  
☐ Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No  
☐ Yes. Give specific information.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$3,875.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No  
☒ Yes.....

Cash \$50.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes.....

Institution name:

17.1. Savings Patelco CU xx71-00 \$1.00

17.2. Checking Patelco CU xx71-10 \$0.00

17.3. Money Market Patelco CU xx71-15 \$86.20

17.4. Valley First CU xx19-00 \$78.00

17.5. Checking Valley First CU xx19-80 \$25.00

17.6. Stock and Money market Robinshood \$20,000.00

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name: \_\_\_\_\_

21. **Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account: \_\_\_\_\_

Institution name: \_\_\_\_\_

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual: \_\_\_\_\_

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description. \_\_\_\_\_

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): \_\_\_\_\_

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them... \_\_\_\_\_

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them... \_\_\_\_\_

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them... \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years..... \_\_\_\_\_

29. **Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information..... \_\_\_\_\_

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.. \_\_\_\_\_

31. **Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Surrender or refund value: \_\_\_\_\_



Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$20,240.20

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- ☐ No  
☒ Yes. Give specific information.....

Tuscany Village Hilton Grand Vacation Club

\$12,000.00

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$12,000.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		\$2,073,600.00
56. Part 2: Total vehicles, line 5	\$59,115.00	
57. Part 3: Total personal and household items, line 15	\$3,875.00	
58. Part 4: Total financial assets, line 36	\$20,240.20	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$12,000.00	
62. Total personal property. Add lines 56 through 61...	\$95,230.20	Copy personal property total \$95,230.20
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$2,168,830.20

**Fill in this information to identify your case:**

Debtor 1	Rhenish Resayo Morales		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jocelyn Comia Morales		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF CALIFORNIA		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/22**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Furniture Line from <i>Schedule A/B</i> : 6.2	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Linens, sheets and towels Line from <i>Schedule A/B</i> : 6.3	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Mattress and box spring Line from <i>Schedule A/B</i> : 6.4	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Small kitchen appliances Line from <i>Schedule A/B</i> : 6.5	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Washer and dryer (2) Line from <i>Schedule A/B</i> : 6.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Personal computer Line from Schedule A/B: 7.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Refrigerators (2) Line from Schedule A/B: 7.2	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
TV's, stereos, mobile phone and other electronics Line from Schedule A/B: 7.3	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Clothing and Wearing Apparel Line from Schedule A/B: 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Wedding rings Line from Schedule A/B: 12.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.040

3. **Are you claiming a homestead exemption of more than \$189,050?**  
(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<u>Rhenish Resayo Morales</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<u>Jocelyn Comia Morales</u>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF CALIFORNIA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1</b> <u>Ally Financial</u>	<u>\$39,099.04</u>	<u>\$26,995.00</u>	<u>\$12,104.04</u>
Creditor's Name	Describe the property that secures the claim: <u>2018 Tesla Model X 100,000 miles</u> <u>Estimated value per Nada.com</u>		
<u>P.O. Box 380901</u> <u>Minneapolis, MN 55438</u> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____	Last 4 digits of account number <u>2208</u>		

<b>2.2</b> <u>Figure Home Equity Line</u>	<u>\$84,326.42</u>	<u>\$2,073,600.00</u>	<u>\$0.00</u>
Creditor's Name	Describe the property that secures the claim: <u>323 Evergreen Drive, South San Francisco, CA 94080</u> <u>San Mateo County Estimated value per Zillow.com; 1595 N Temperance Avenue, Fresno, CA 93727</u> <u>Fresno County Estimated value per Zillow.com</u>		
<u>P.O. Box 40534</u> <u>Reno, NV 89504</u> Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____	Last 4 digits of account number <u>0472</u>		

Debtor 1 Rhenish Resayo Morales  
First Name Middle Name Last Name  
Debtor 2 Jocelyn Comia Morales  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**2.3** Hilton Resorts Corp.

Creditor's Name

6355 Metrowest Blvd.

Orlando, FL 32835

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

**Describe the property that secures the claim:**

Tuscany Village Hilton Grand Vacation Club

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

\$11,753.26

\$12,000.00

\$0.00

Date debt was incurred 2024

Last 4 digits of account number 6002

**2.4** Select Portfolio Servicing, Inc.

Creditor's Name

P.O. Box 65250

Salt Lake City, UT 84165

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

**Describe the property that secures the claim:**

1595 N Temperance Avenue, Fresno, CA 93727  
Fresno County Estimated value per Zillow.com

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

\$549,793.27

\$689,800.00

\$0.00

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 4369

**2.5** Southern Counties Lubricants, LLC

Creditor's Name

c/o Law Offices of Thomas

J. Tedesco

1855 W. Katella Avenue,  
Suite 365

Orange, CA 92867

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

**Describe the property that secures the claim:**

1595 N Temperance Avenue, Fresno, CA 93727  
Fresno County Estimated value per Zillow.com

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

\$25,752.48

\$689,800.00

\$0.00

Date debt was incurred 2023-2024

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Rhenish Resayo Morales Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name  
Debtor 2 Jocelyn Comia Morales  
First Name Middle Name Last Name

<div>2.6</div> <div>United Wholesale Mortgage</div> <div>Creditor's Name</div> <div>P.O. Box 77404 Ewing, NJ 08628</div> <div>Number, Street, City, State &amp; Zip Code</div>	<div>Describe the property that secures the claim:</div> <div>323 Evergreen Drive, South San Francisco, CA 94080 San Mateo County Estimated value per Zillow.com</div>	<div>\$796,122.68</div>	<div>\$1,383,800.00</div>	<div>\$0.00</div>
	<div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</div>			
<div>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div>				
<div>Date debt was incurred _____ Last 4 digits of account number <u>5518</u></div>				

<div>2.7</div> <div>Valley First CU</div> <div>Creditor's Name</div> <div>PO Box 1411   Modesto, CA Modesto, CA 95353</div> <div>Number, Street, City, State &amp; Zip Code</div>	<div>Describe the property that secures the claim:</div> <div>2022 Tesla Model Y 50,000 miles Estimated value per Nada.com</div>	<div>\$35,387.00</div>	<div>\$32,120.00</div>	<div>\$3,267.00</div>
	<div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</div>			
<div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div>				
<div>Date debt was incurred _____ Last 4 digits of account number <u>1950</u></div>				

Add the dollar value of your entries in Column A on this page. Write that number here:	<div>\$1,542,234.15</div>
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	<div>\$1,542,234.15</div>

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have debtors to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<div>[ ]</div> <div>Name, Number, Street, City, State &amp; Zip Code Fresno County Sheriff-Civil Unit P.O. Box 45025 Fresno, CA 93718</div>	<div>On which line in Part 1 did you enter the creditor? <u>2.5</u></div> <div>Last 4 digits of account number _____</div>
<div>[ ]</div> <div>Name, Number, Street, City, State &amp; Zip Code Law Offices of Thomas J. Tedesco 1855 W. Katella Ave., Suite 365 Orange, CA 92867</div>	<div>On which line in Part 1 did you enter the creditor? <u>2.5</u></div> <div>Last 4 digits of account number _____</div>

Debtor 1 Rhenish Resayo Morales  
First Name Middle Name Last Name  
Debtor 2 Jocelyn Comia Morales  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
Southern Counties Lubricants, LLC  
PO BOX 5765  
Orange, CA 92867

On which line in Part 1 did you enter the creditor? 2.5

Last 4 digits of account number \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	Rhenish Resayo Morales		
	First Name	Middle Name	Last Name
Debtor 2	Jocelyn Comia Morales		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF CALIFORNIA		
Case number (if known)			

☐ Check if this is an amended filing**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.  
☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Franchise Tax Board Priority Creditor's Name PO Box 942867 Sacramento, CA 94267-0001 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number 2023 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Total claim \$0.00 Priority amount \$0.00 Nonpriority amount \$0.00			

2.2	Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number 2023 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Total claim \$0.00 Priority amount \$0.00 Nonpriority amount \$0.00
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**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.



Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<p>Amex</p> <p>Nonpriority Creditor's Name PO Box 981535 El Paso, TX 79998</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1007</p> <p>When was the debt incurred? 2022-2024</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal cc; bus. use</p>	\$15,407.49
4.2	<p>Bank of America</p> <p>Nonpriority Creditor's Name P.O. Box 672050 Dallas, TX 75267</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4021</p> <p>When was the debt incurred? 2022-2024</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal credit card; business use</p>	\$20,653.88
4.3	<p>CapitalOne</p> <p>Nonpriority Creditor's Name P.O. Box 30285 San Francisco, CA 94130</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1853</p> <p>When was the debt incurred? 2022-2024</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal credit card; bus use</p>	\$30,828.32

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

4.4	<u>Citi/AT&amp;T Universal Card</u> Nonpriority Creditor's Name <u>PO BOX 6500</u> <u>Sioux Falls, SD 57117</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7890</u> <b>When was the debt incurred?</b> <u>2022-2024</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal credit card; bus use</u>	<u>\$15,535.58</u>
4.5	<u>Citi/Costco Visa</u> Nonpriority Creditor's Name <u>PO Box 790046</u> <u>Saint Louis, MO 63179</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2624</u> <b>When was the debt incurred?</b> <u>2022-2024</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>personal credit card; bus use</u>	<u>\$27,911.08</u>
4.6	<u>Denise R. Oneto Revocable Trust</u> Nonpriority Creditor's Name <u>c/o Tenetti Realty Group</u> <u>2930 G St.</u> <u>Merced, CA 95340</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> <u>2023-2024</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal guarantee of MBE lease-Merced Loc</u>	<u>\$18,781.52</u>

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

4.7	<b>Glad Family Limited Partnership</b> Nonpriority Creditor's Name 7313 Beltis Dr. Modesto, CA 95356 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b>  <b>When was the debt incurred?</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal guarantee of lease arrears</u>	<b>\$52,000.00</b>
4.8	<b>JPMorgan Chase Bank</b> Nonpriority Creditor's Name P.O. Box 15298  Wilmington, DE 19850 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 8456 <b>When was the debt incurred?</b> 2022-2024  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal credit card; bus. use</u>	<b>\$5,902.48</b>
4.9	<b>Loan Builder Paypal</b> Nonpriority Creditor's Name 3505 Silverside Rd. Wilmington, DE 19810 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b>  <b>When was the debt incurred?</b> 2023  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Guarantee of business loan</u>	<b>\$99,866.00</b>

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

4.1  
0

Lynn J. Kelly & Dale L. Larocca  
Partners

Nonpriority Creditor's Name  
c/o Steve Crane  
Morley Fredericks Real Estate  
Services  
1414 4th St.  
San Rafael, CA 94901

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$24,283.84

When was the debt incurred?

2023-2024

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

Personal guarantee of MBE lease San Bruno

☒ Other. Specify Loc.

4.1  
1

Midas International, LLC

Nonpriority Creditor's Name  
c/o Law Office of D. Park Smith  
250 Cherry Springs Road, Suite 200  
Hunt, TX 78024

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$432,860.68

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Pers guarantee of franchise charges

4.1  
2

Midas Realty, LLC

Nonpriority Creditor's Name  
4300 TBC Way  
Palm Beach Gardens, FL 33410

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$320,983.72

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

4.1  
3

**Samson MCA, LLC**  
Nonpriority Creditor's Name  
c/o Berkovitch & Bouskila, PLLC  
1545 U.S. 202, Suite 101  
Pomona, NY 10970

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

**Last 4 digits of account number**

\$46,480.00

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Pers guar of MCA. Amt.. previously adjudicated

4.1  
4

**VOX Funding**  
Nonpriority Creditor's Name  
100 Park Ave., 26th Floor  
New York, NY 10017

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

**Last 4 digits of account number**

\$102,423.43

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Pers guaranty of MCA loan

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Ariel Bouskila, Esq.  
Berkovitch & Bouskila, PLLC  
1545 U.S. 202, Suite 101

Pomona, NY 10970

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Law Office of D. Park Smith  
250 Cherry Springs Road, Suite 200  
Hunt, TX 78024

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Phillip Wang, Esq.  
Rimon Law  
423 Washington St., Suite 600  
San Francisco, CA 94111

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Samson MCA LLC  
17 State St  
New York, NY 10004

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00	
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	1,213,918.02
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 1,213,918.02	

Fill in this information to identify your case:

Debtor 1	Rhenish Resayo Morales		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jocelyn Comia Morales		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF CALIFORNIA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name  Number Street  City State ZIP Code	
2.2 Name  Number Street  City State ZIP Code	
2.3 Name  Number Street  City State ZIP Code	
2.4 Name  Number Street  City State ZIP Code	
2.5 Name  Number Street  City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Rhenish Resayo Morales		
	First Name	Middle Name	Last Name
Debtor 2	Jocelyn Comia Morales		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF CALIFORNIA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- ☐ No  
☒ Yes.

In which community state or territory did you live? -NONE- CA. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent  
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 MBE Group, LLC  
7198 Mission St.  
Daly City, CA 94014

- ☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.11  
☐ Schedule G \_\_\_\_\_  
Midas International, LLC

3.2 MBE Group, LLC  
7198 Mission St.  
Daly City, CA 94014

- ☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.12  
☐ Schedule G \_\_\_\_\_  
Midas Realty, LLC

3.3 MBE Group, LLC  
7198 Mission St.  
Daly City, CA 94014

- ☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.6  
☐ Schedule G \_\_\_\_\_  
Denise R. Oneto Revocable Trust



Debtor 1 Rhenish Resayo Morales  
Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 MBE Group, LLC  
7198 Mission St.  
Daly City, CA 94014

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.14  
☐ Schedule G \_\_\_\_\_  
VOX Funding

3.5 MBE Group, LLC  
60 N. Keeble Ave.  
Daly City, CA 94014

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.10  
☐ Schedule G \_\_\_\_\_  
Lynn J. Kelly & Dale L. Larocca Partners

3.6 MBE Group, LLC dba Midas of Daly City  
7198 Mission Street  
Daly City, CA 94014

☒ Schedule D, line 2.5  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
Southern Counties Lubricants, LLC

3.7 MBE Group, LLC dba Midas of Daly City  
7198 Mission Street  
Daly City, CA 94014

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.13  
☐ Schedule G \_\_\_\_\_  
Samson MCA, LLC

3.8 MBE Group,. LLC  
7198 Mission St.  
Daly City, CA 94014

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.7  
☐ Schedule G \_\_\_\_\_  
Glad Family Limited Partnership

Fill in this information to identify your case:

Debtor 1 Rhenish Resayo Morales

Debtor 2 Jocelyn Comia Morales  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed  
☒ Not employed

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

- ☐ Employed  
☒ Not employed

How long employed there? \_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 0.00

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Future rental of Fresno home	8h.+ \$ 3,500.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 3,500.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,500.00 + \$ 0.00 = \$ 3,500.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 3,500.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Rhenish Resayo Morales

Debtor 2 Jocelyn Comia Morales  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

daughter

15

☐ No  
☒ Yes

daughter

13

☐ No  
☒ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 3,472.66

If not included in line 4:

4a. Real estate taxes

4a. \$ 671.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 110.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 815.91

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 200.00

6b. Water, sewer, garbage collection

6b. \$ 100.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 100.00

6d. Other. Specify: \_\_\_\_\_

6d. \$ 0.00

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

7. Food and housekeeping supplies	7. \$	800.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	100.00
10. Personal care products and services	10. \$	100.00
11. Medical and dental expenses	11. \$	0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	500.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	100.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	702.17
17b. Car payments for Vehicle 2	17b. \$	616.44
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	4,788.57
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	13,276.75
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	13,276.75
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,500.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$	13,276.75
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	-9,776.75
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here:	

**Fill in this information to identify your case:**

Debtor 1 Rhenish Resayo Morales  
First Name Middle Name Last Name

Debtor 2 Jocelyn Comia Morales  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Rhenish Resayo Morales

Rhenish Resayo Morales  
Signature of Debtor 1

Date July 19, 2024

X /s/ Jocelyn Comia Morales

Jocelyn Comia Morales  
Signature of Debtor 2

Date July 19, 2024

**Fill in this information to identify your case:**

Debtor 1 Rhenish Resayo Morales  
First Name Middle Name Last Name

Debtor 2 Jocelyn Comia Morales  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☐ No  
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
			Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$200,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2023 )	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$4,307,929.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
			\$152,289.00

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
For the calendar year before that: (January 1 to December 31, 2022 )	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$5,403,599.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips
	<input checked="" type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Unemployment
			\$1,620.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------



Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Samson MCA LLC vs MBE Group, LLC; Midas Daly City; Rhenish & Jocelyn Morales 031717/2024	Breach of Contract	Supreme Court of the State of New York, County of Rockland 1 S Main St New City, NY 10956	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Southern Counties Lubricants, LLC vs. MBE Group, LLC dba Midas of Daly City, Etc., et al. 30-2022-01297862-CL-BC-CJC		Superior Court of California County of Orange 700 Civic Center Drive West Santa Ana, CA 92701	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Southern Counties Lubricants, LLC vs. MBE Group, LLC dba Midas of Daly City, Etc., et al. 24CECL02272	breach of contract	Superior Court of California County of Fresno 1130 O Street Fresno, CA 93721	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid  
Address  
Email or website address  
Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

The Fuller Law Firm, P.C.  
60 N Keeble Ave  
San Jose, CA 95126-2723

Attorneys Fees

06-18-2024

\$1,000.00

The Fuller Law Firm, P.C.  
60 N. Keeble Ave.  
SAN JOSE, CA

In addition Debtor paid for filing fee

7-18-2024

\$14,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid  
Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed EIN: 30-0818637 From-To 2011-- 5-31-2024
MBE Group, LLC 7198 Mission St  Daly City, CA 94014	Automotive Repair	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rhenish Resayo Morales  
Rhenish Resayo Morales  
Signature of Debtor 1

/s/ Jocelyn Comia Morales  
Jocelyn Comia Morales  
Signature of Debtor 2

Date July 19, 2024

Date July 19, 2024

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Rhenish Resayo Morales

Debtor 2 Jocelyn Comia Morales  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of California

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 122B

### Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 3,313.70
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1  
Debtor 2

Rhenish Resayo Morales  
Jocelyn Comia Morales

Case number (if known)

Column A  
Debtor 1

Column B  
Debtor 2

7. Interest, dividends, and royalties

\$ 0.00 \$ 0.00

8. Unemployment compensation

\$ 0.00 \$ 135.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you .....\$ 0.00

For your spouse.....\$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00 \$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ \$  
\$ 0.00 \$ 0.00  
+ \$ 0.00 \$ 0.00  
Total amounts from separate pages, if any.

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$ 0.00 + \$ 3,448.70 = \$ 3,448.70

Debtor 1  
Debtor 2

Rhenish Resayo Morales  
Jocelyn Comia Morales

Case number (if known)

**Part 2:**

**Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Rhenish Resayo Morales  
Rhenish Resayo Morales  
Signature of Debtor 1

**X** /s/ Jocelyn Comia Morales  
Jocelyn Comia Morales  
Signature of Debtor 2

Date July 19, 2024  
MM / DD / YYYY

Date July 19, 2024  
MM / DD / YYYY



Debtor 1  
Debtor 2

Rhenish Resayo Morales  
Jocelyn Comia Morales

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2024 to 06/30/2024.

Debtor 1  
Debtor 2

Rhenish Resayo Morales  
Jocelyn Comia Morales

Case number (if known)

## Current Monthly Income Details for the Debtor's Spouse

### Spouse Income Details:

Income for the Period 01/01/2024 to 06/30/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: MBE Group LLC

Constant income of \$3,313.70 per month.\*

Line 8 - Unemployment compensation (included in CMI)

Source of Income: unemployment compensation

Income by Month:

6 Months Ago:	01/2024	\$0.00
5 Months Ago:	02/2024	\$0.00
4 Months Ago:	03/2024	\$0.00
3 Months Ago:	04/2024	\$0.00
2 Months Ago:	05/2024	\$0.00
Last Month:	06/2024	\$810.00
Average per month:		\$135.00

Debtor 1 Rhenish Resayo Morales  
Debtor 2 Jocelyn Comia Morales

Case number (if known)

**\*Paycheck Details:**

MBE Group LLC

Date	Earnings	Overtime	Taxes	Other	Net Check
12/2/2023	2,107.49	0.00	0.00	0.00	2,107.49
12/10/2023	2,107.50	0.00	0.00	0.00	2,107.50
12/20/2023	2,107.48	0.00	0.00	0.00	2,107.48
12/23/2023	2,107.50	0.00	0.00	0.00	2,107.50
1/2/2024	2,107.49	0.00	0.00	0.00	2,107.49
1/5/2024	2,107.50	0.00	0.00	0.00	2,107.50
1/16/2024	1,976.43	0.00	0.00	0.00	1,976.43
1/8/2024	1,976.43	0.00	0.00	0.00	1,976.43
1/24/2024	1,976.43	0.00	0.00	0.00	1,976.43
2/13/2024	1,947.58	0.00	0.00	0.00	1,947.58
2/20/2024	1,947.59	0.00	0.00	0.00	1,947.59
3/27/2024	1,947.58	0.00	0.00	0.00	1,947.58
4/3/2024	1,947.58	0.00	0.00	0.00	1,947.58
4/8/2024	0.00	0.00	0.00	0.00	0.00
5/16/2024	1,947.58	0.00	0.00	0.00	1,947.58
Totals:	28,312.16	0.00	0.00	0.00	28,312.16

**United States Bankruptcy Court  
Northern District of California**

In re Rhenish Resayo Morales  
Jocelyn Comia Morales

Debtor(s)

Case No.  
Chapter

11

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a) For legal services rendered or to be rendered in contemplation of and in connection with this case, I have agreed to accept and received a retainer of ..... \$ 15,000.00
  - b) The undersigned shall bill against the retainer at an hourly rate of..... \$ 505.00
3. \$ 1,738.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

Dated: July 19, 2024

Respectfully submitted,

/s/ Lars Fuller

Attorney for Debtor: Lars Fuller  
The Fuller Law Firm PC  
60 N Keeble Avenue  
San Jose, CA 95126  
(408) 295-5595 Fax:  
admin@fullerlawfirm.net

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA**

In re

Rhenish Resayo Morales  
Jocelyn Comia Morales

Case No.

Debtor(s). \_\_\_\_\_ /

CREDITOR MATRIX COVER SHEET

I declare that the attached Creditor Mailing Matrix, consisting of 5 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor's filing and that this matrix conforms with the Clerk's promulgated requirements.

DATED: July 19, 2024

/s/ Lars Fuller

\_\_\_\_\_  
Signature of Debtor's Attorney or Pro Per Debtor

Ally Financial  
P.O. Box 380901  
Minneapolis, MN 55438

Amex  
PO Box 981535  
El Paso, TX 79998

Ariel Bouskila, Esq.  
Berkovitch & Bouskila, PLLC  
1545 U.S. 202, Suite 101  
Pomona, NY 10970

Bank of America  
P.O. Box 672050  
Dallas, TX 75267

CapitalOne  
P.O. Box 30285  
San Francisco, CA 94130

Citi/AT&T Universal Card  
PO BOX 6500  
Sioux Falls, SD 57117

Citi/Costco Visa  
PO Box 790046  
Saint Louis, MO 63179

Denise R. Oneto Revocable Trust  
c/o Tenetti Realty Group 2930 G St.  
Merced, CA 95340

Figure Home Equity Line  
P.O. Box 40534  
Reno, NV 89504

Franchise Tax Board  
PO Box 942867  
Sacramento, CA 94267-0001

Fresno County Sheriff-Civil Unit  
P.O. Box 45025  
Fresno, CA 93718

Glad Family Limited Partnership  
7313 Beltis Dr.  
Modesto, CA 95356

Hilton Resorts Corp.  
6355 Metrowest Blvd.  
Orlando, FL 32835

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

JPMorgan Chase Bank  
P.O. Box 15298  
Wilmington, DE 19850

Law Office of D. Park Smith  
250 Cherry Springs Road, Suite 200  
Hunt, TX 78024

Law Offices of Thomas J. Tedesco  
1855 W. Katella Ave., Suite 365  
Orange, CA 92867

Loan Builder Paypal  
3505 Silverside Rd.  
Wilmington, DE 19810

Lynn J. Kelly & Dale L. Larocca Partners  
c/o Steve Crane  
Morley Fredericks Real Estate Services 1  
San Rafael, CA 94901

MBE Group, LLC  
7198 Mission St.  
Daly City, CA 94014

MBE Group, LLC  
60 N. Keeble Ave.  
Daly City, CA 94014

MBE Group, LLC dba Midas of Daly City  
7198 Mission Street  
Daly City, CA 94014

MBE Group, . LLC  
7198 Mission St.  
Daly City, CA 94014

Midas International, LLC  
c/o Law Office of D. Park Smith  
250 Cherry Springs Road, Suite 200  
Hunt, TX 78024



Midas Realty, LLC  
4300 TBC Way  
Palm Beach Gardens, FL 33410

Phillip Wang, Esq.  
Rimon Law 423 Washington St., Suite 600  
San Francisco, CA 94111

Samson MCA LLC  
17 State St  
New York, NY 10004

Samson MCA, LLC  
c/o Berkovitch & Bouskila, PLLC  
1545 U.S. 202, Suite 101  
Pomona, NY 10970

Select Portfolio Servicing, Inc.  
P.O. Box 65250  
Salt Lake City, UT 84165

Southern Counties Lubricants, LLC  
c/o Law Offices of Thomas J. Tedesco  
1855 W. Katella Avenue, Suite 365  
Orange, CA 92867

Southern Counties Lubricants, LLC  
PO BOX 5765  
Orange, CA 92867

United Wholesale Mortgage  
P.O. Box 77404  
Ewing, NJ 08628

Valley First CU  
PO Box 1411 | Modesto, CA  
Modesto, CA 95353

VOX Funding  
100 Park Ave., 26th Floor  
New York, NY 10017

Morales Balance Sheet as of July 19, 2024

Assets

Real Property	2,073,600.00	
Personal Property	<u>95,230.20</u>	
TOTA ASSETS		2,168,830.20

LIABILITIES

Long Term Liabilities

Mortgages	1,430,242.00	
Abstract Judgement	25,752.48	
Auto Loans	74,486.00	
Timeshare	<u>11,753.26</u>	
		1,542,233.74

Short term liabilities	1,213,918.02	
TOTAL LIABILITIES		2,756,151.76
Equity		-587,321.56

Statement of Cashflow  
(July 1-July 19, 2024)

Income

Husband	0	
Wife - EDD	1215	
Rent	0	
TOTAL INCOME		1215

Expenses

Mortgage- primary	5119.57	
Mortgage-2nd home/future rental	4788.57	
Utilities	400	
Food and Livng Exp	1050	
Trasnportation	<u>1918</u>	
		13276.14

Net		-12061.1
-----	--	----------

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20. See separate instructions.

Your first name and middle initial <b>RHENISH R</b>	Last name <b>MORALES</b>	Your social security number <b>0703</b>	
If joint return, spouse's first name and middle initial <b>JOCELYN C</b>	Last name <b>MORALES</b>	Spouse's social security number <b>8484</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>323 EVERGREEN DR</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>SOUTH SAN FRANCISCO</b>	State <b>CA</b>		ZIP code <b>94080</b>
Foreign country name	Foreign province/state/county		Foreign postal code

**Filing Status** ☐ Single ☐ Head of household (HOH)  
☒ Married filing jointly (even if only one had income)  
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
	<b>MORALES,</b>		<b>Daughter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>MORALES</b>		<b>Daughter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b> 152,289.
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>
<b>h</b> Other earned income (see instructions)	<b>1h</b> 0.
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>
<b>z</b> Add lines 1a through 1h	<b>1z</b> 152,289.

**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

**Attach Sch. B if required.**

<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>b</b> Taxable interest	<b>2b</b> 229.
<b>3a</b> Qualified dividends	<b>3a</b> 504.	<b>b</b> Ordinary dividends	<b>3b</b> 594.
<b>4a</b> IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>
<b>5a</b> Pensions and annuities	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>
<b>6a</b> Social security benefits	<b>6a</b>	<b>b</b> Taxable amount	<b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)			
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here			<b>7</b> -3,000.
<b>8</b> Additional income from Schedule 1, line 10			<b>8</b> -1,097,283.
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>			<b>9</b> -947,171.
<b>10</b> Adjustments to income from Schedule 1, line 26			<b>10</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>			<b>11</b> -947,171.
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)			<b>12</b> 50,681.
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A			<b>13</b> 0.
<b>14</b> Add lines 12 and 13			<b>14</b> 50,681.
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>			<b>15</b> 0.



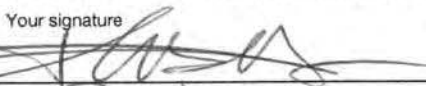
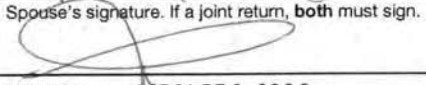
<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	0.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	0.
	<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	0.
	<b>21</b>	Add lines 19 and 20	<b>21</b>	0.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	16,763.
	<b>b</b>	Form(s) 1099	<b>25b</b>	0.
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	16,763.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) No	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	9,542.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	9,542.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	26,305.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	26,305.																				
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	26,305.																				
Direct deposit? See instructions.	<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X												
X	X	X	X	X	X	X	X	X	X															
	<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>																					

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		7/14/24	BUSINESS OWNER	
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			OFFICE MANAGER	

Phone no.	(650) 576-0338	Email address	
Preparer's name	Preparer's signature	Date	PTIN
Firm's name	Self-Prepared	Phone no.	Check if: <input type="checkbox"/> Self-employed
Firm's address		Firm's EIN	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

BAA

REV 05/21/24 TTV

Form **1040** (2023)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RHENISH R & JOCELYN C MORALES

Your social security number

0703

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-1,102,290.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . . <b>8a</b> ( )		
<b>b</b>	Gambling . . . . . <b>8b</b> 5,000.		
<b>c</b>	Cancellation of debt . . . . . <b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . . <b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . . <b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . . <b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . . <b>8g</b>		
<b>h</b>	Jury duty pay . . . . . <b>8h</b>		
<b>i</b>	Prizes and awards . . . . . <b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . . <b>8j</b>		
<b>k</b>	Stock options . . . . . <b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . <b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . . <b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . . <b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . . <b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . . <b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . . <b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . . <b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . . <b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . . <b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . . <b>8u</b>		
<b>z</b>	Other income. List type and amount: _____ <b>8z</b> 7.		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . . <b>9</b> 5,007.		
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . <b>10</b> -1,097,283.		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023



**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	

BAA

REV 05/21/24 TTW

Schedule 1 (Form 1040) 2023



**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RHENISH R & JOCELYN C MORALES

Your social security number  
0703

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	0.
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	0.

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	9,542.
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	9,542.

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Schedule 3 (Form 1040) 2023



**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

RHENISH R & JOCELYN C MORALES

Your social security number

0703

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	0.
2	Enter amount from Form 1040 or 1040-SR, line 11	2	-947,171.
3	Multiply line 2 by 7.5% (0.075)	3	0.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
<b>Taxes You Paid</b>	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	12,140.
	b State and local real estate taxes (see instructions)	5b	13,163.
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	25,303.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6 Other taxes. List type and amount: _____	6	
	7 Add lines 5e and 6	7	10,000.
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
<b>Caution:</b> Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	35,681.
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b	
	c Points not reported to you on Form 1098. See instructions for special rules	8c	
	d Reserved for future use	8d	
	e Add lines 8a through 8c	8e	35,681.
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9	10	35,681.
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
<b>Caution:</b> If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12	
	13 Carryover from prior year	13	
	14 Add lines 11 through 13	14	
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount: <u>GAMBLING LOSSES</u>	16	5,000.
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	50,681.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

BAA REV 05/21/24 TTW

Schedule A (Form 1040) 2023



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **09**

Name of proprietor <b>RHENISH R MORALES</b>		Social security number (SSN) <b>0703</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>AUTO REPAIR SHOP</b>	<b>B</b> Enter code from instructions	
<b>C</b> Business name. If no separate business name, leave blank. <b>MBE GROUP LLC</b>	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) <b>1597 N TEMPERANCE AVENUE</b> City, town or post office, state, and ZIP code <b>FRESNO, CA 93727</b>		
<b>F</b> Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2023, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	4,307,929.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	4,307,929.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	2,008,125.
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	2,299,804.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	-353,835.
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	1,945,969.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	29,211.	<b>18</b> Office expense (see instructions)	<b>18</b>	13,826.
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	19,650.	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	26,373.
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	487,820.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	12,025.	<b>21</b> Repairs and maintenance	<b>21</b>	27,244.
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	6,562.	<b>22</b> Supplies (not included in Part III)	<b>22</b>	74,337.
<b>15</b> Insurance (other than health)	<b>15</b>	81,024.	<b>23</b> Taxes and licenses	<b>23</b>	180,204.
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	437.
<b>b</b> Other	<b>16b</b>	101,578.	<b>b</b> Deductible meals (see instructions)	<b>24b</b>	3,187.
<b>17</b> Legal and professional services	<b>17</b>	101,441.	<b>25</b> Utilities	<b>25</b>	106,852.
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27b	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	1,054,255.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	722,233.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>		<b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205)	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	-1,102,290.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

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REV 05/21/24 TTW

Schedule C (Form 1040) 2023

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:    a <input checked="" type="checkbox"/> Cost    b <input type="checkbox"/> Lower of cost or market    c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	35    83,326.
36	Purchases less cost of items withdrawn for personal use . . . . .	36
37	Cost of labor. Do not include any amounts paid to yourself . . . . .	37    894,974.
38	Materials and supplies . . . . .	38    1,064,538.
39	Other costs . . . . .	39
40	Add lines 35 through 39 . . . . .	40    2,042,838.
41	Inventory at end of year . . . . .	41    34,713.
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	42    2,008,125.

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

43	When did you place your vehicle in service for business purposes? (month/day/year) .....
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:
a	Business .....
b	Commuting (see instructions) .....
c	Other .....
45	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26, line 27b, or line 30.

BAD DEBTS	2,799.
Bank Service Charges	3,588.
111CDA	3,504.
240CDA	-39.
254CDA	-15.
255CDA	403.
584CDA	7.
660CDA	-400.
See Line 48 Other Expenses	712,386.
48 <b>Total other expenses.</b> Enter here and on line 27a . . . . .	48    722,233.



**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **12**

Name(s) shown on return

RHENISH R & JOCELYN C MORALES

Your social security number

0703

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .	31,868.	24,145.		7,723.
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	-7,107.	4,252.	988.	-10,371.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	2,934.	2,633.		301.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -2,347.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .	5,885.	5,641.		244.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	8,765.	10,660.	561.	-1,334.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	384.	739.		-355.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 1.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -1,444.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2023

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-3,791.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	( 3,000. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



**Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

0703

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1.50sh of BSVUSD Bitcoin SV	01/01/23	01/19/23	64.	64.			0.
	0.02sh of BTCUSD Bitcoin	01/01/23	01/08/23	329.	329.			0.
	0.06sh of BTCUSD Bitcoin	04/01/23	04/05/23	1,736.	1,736.			0.
	ETHUSD Ethereum	09/29/21	02/20/23	0.	0.			0.
	0.30sh of LTCUSD Litecoin	02/01/23	02/17/23	30.	30.			0.
	2.00sh of HOOD 02/17/2023 CALL \$15.00	02/08/23	02/09/23	-8.	0.			-8.
	2.00sh of HOOD 07/28/2023 CALL \$15.00	07/18/23	07/19/23	-9.	0.	W	3.	-6.
	2.00sh of HOOD 12/08/2023 CALL \$9.00	12/01/23	12/04/23	-48.	0.			-48.
	2.00sh of HOOD 12/22/2023 CALL \$9.00	12/05/23	12/06/23	-303.	0.	W	101.	-202.
	2.00sh of HOOD 12/29/2023 CALL \$8.50	12/22/23	12/26/23	-765.	0.	W	255.	-510.
	2.00sh of LCID 08/11/2023 CALL \$15.00	08/03/23	08/04/23	0.	0.			0.
	2.00sh of NIO 03/03/2023 CALL \$12.50	02/13/23	02/14/23	-12.	0.	W	4.	-8.
	2.00sh of NIO 07/14/2023 CALL \$11.00	06/29/23	06/30/23	0.	0.			0.
	2.00sh of NIO 08/04/2023 CALL \$11.00	07/18/23	07/19/23	-34.	0.			-34.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			980.	2,159.		363.	-816.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

-0703

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <b>Column (e)</b> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	2.00sh of NIO 08/11/2023 CALL \$11.00	08/08/23	08/09/23	-500.	0.			-500.
	2.00sh of NIO 12/29/2023 CALL \$9.00	12/20/23	12/21/23	-6.	0.			-6.
	2.00sh of PLTR 05/26/2023 CALL \$10.00	05/09/23	05/10/23	-55.	0.			-55.
	2.00sh of PLTR 06/09/2023 CALL \$10.50	05/18/23	05/19/23	-218.	0.			-218.
	2.00sh of PLTR 06/16/2023 CALL \$10.00	06/14/23	06/15/23	-1,260.	0.	W	420.	-840.
	2.00sh of PLTR 07/21/2023 CALL \$14.00	06/26/23	06/27/23	-8.	0.			-8.
	2.00sh of PLTR 07/28/2023 CALL \$14.00	06/29/23	06/30/23	-134.	0.			-134.
	2.00sh of PLTR 08/04/2023 CALL \$14.00	07/11/23	07/12/23	-198.	0.			-198.
	2.00sh of PLTR 08/04/2023 CALL \$18.50	07/18/23	07/19/23	-94.	0.			-94.
	1.00sh of PLTR 09/15/2023 CALL \$16.00	08/29/23	08/30/23	-27.	0.			-27.
	1.00sh of PLTR 09/15/2023 CALL \$16.00	08/31/23	09/01/23	-13.	0.			-13.
	2.00sh of PLTR 10/13/2023 CALL \$16.00	10/02/23	10/03/23	-82.	0.			-82.
	2.00sh of PLTR 10/20/2023 CALL \$16.00	10/09/23	10/10/23	-144.	0.			-144.
	2.00sh of PLTR 11/03/2023 CALL \$16.00	10/19/23	10/20/23	-38.	0.			-38.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked).				-2,777.	0.	420.	-2,357.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

0703

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	2.00sh of SOFI 01/27/2023 CALL \$5.50	01/25/23	01/26/23	-40.	0.			-40.
	1.00sh of SOFI 01/27/2023 CALL \$7.50	01/24/23	01/25/23	-1.	0.			-1.
	6.00sh of SOFI 01/27/2023 CALL \$7.50	01/25/23	01/26/23	0.	0.			0.
	9.00sh of SOFI 02/10/2023 CALL \$7.00	01/30/23	01/31/23	-135.	0.			-135.
	10.00sh of SOFI 06/09/2023 CALL \$6.00	05/26/23	05/30/23	-40.	0.			-40.
	15.00sh of SOFI 06/16/2023 CALL \$6.00	06/09/23	06/12/23	-3,380.	0.			-3,380.
	15.00sh of SOFI 06/23/2023 CALL \$6.00	06/22/23	06/23/23	-390.	0.			-390.
	15.00sh of SOFI 07/21/2023 CALL \$8.50	06/29/23	06/30/23	-330.	0.			-330.
	15.00sh of SOFI 08/04/2023 CALL \$9.00	07/18/23	07/19/23	-750.	0.			-750.
	10.00sh of SOFI 10/27/2023 CALL \$9.00	10/09/23	10/10/23	-59.	0.			-59.
	10.00sh of SOFI 12/15/2023 CALL \$7.50	12/04/23	12/05/23	-501.	0.			-501.
	10.00sh of SOFI 12/29/2023 CALL \$7.50	12/20/23	12/21/23	-1,251.	0.			-1,251.
	0.58sh of 02079H107 ALPHABET INC. CLASS C CAPITAL STOCK	01/22/22	01/05/23	51.	79.	W	2.	-26.
	18.06sh of 46429H267 ISHARES U.S. TREASURY BOND ETF	04/03/23	10/19/23	391.	421.	W	30.	0.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				-6,435.	500.	32.	-6,903.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
RHENISH R & JOCELYN C MORALESSocial security number or taxpayer identification number  
0703

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <b>Column (e)</b> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	29.84sh of 00206R102 AT&T INC.	Various	01/05/23	572.	581.	W	2.	-7.
	7.95sh of 00206R102 AT&T INC.	Various	10/25/23	120.	152.	W	6.	-26.
	0.17sh of 02079K107 ALPHABET INC. CLASS C CAPITAL STOCK	01/22/22	01/05/23	15.	25.	W	10.	0.
	1.67sh of 02079K107 ALPHABET INC. CLASS C CAPITAL STOCK	01/22/22	05/17/23	200.	228.	W	3.	-25.
	1.11sh of 02079K107 ALPHABET INC. CLASS C CAPITAL STOCK	01/22/22	10/25/23	140.	152.	W	1.	-11.
	0.76sh of 02079K305 ALPHABET INC. CLASS A COMMON S TOCK	10/22/21	01/05/23	66.	107.	W	12.	-29.
	1.67sh of 02079K305 ALPHABET INC. CLASS A COMMON S TOCK	10/22/21	05/17/23	200.	236.	W	4.	-32.
	1.12sh of 02079K305 ALPHABET INC. CLASS A COMMON S TOCK	10/22/21	10/25/23	140.	157.	W	1.	-16.
	1.75sh of 023135106 AMAZON.COM, INC. COMMON STOCK	01/22/22	05/17/23	200.	289.	W	9.	-80.
	1.15sh of 023135106 AMAZON.COM, INC. COMMON STOCK	01/22/22	10/25/23	140.	185.	W	3.	-42.
	3.01sh of 037833100 APPLE INC. COMMON STOCK	Various	01/05/23	381.	380.	W	1.	2.
	1.78sh of 053025103 AUTOMATIC DATA PROCESSING, INC. COMMON STOCK	Various	10/25/23	278.	270.	W	0.	8.
	104.17sh of 11777Q209 B2GOLD CORP.	Various	01/05/23	397.	389.	W	3.	11.
	0.93sh of 15961R105 CHARGEPOINT HOLDINGS, INC.	03/21/22	09/11/23	5.	17.	W	12.	0.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked).				2,854.	3,168.		67.	-247.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

RHENISH R &amp; JOCELYN C MORALES

0703

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	15961R105 CHARGEPOINT HOLDINGS, INC.	03/21/22	09/14/23	0.	0.	W	0.	0.
	0.63sh of 19260Q107 COINBASE GLOBAL, INC. CLASS A COMMON STOCK	04/15/21	09/11/23	50.	220.	W	170.	0.
	1.78sh of 194162103 COLGATE-PALMOLIVE COMPANY	10/12/21	10/25/23	130.	134.	W	1.	-3.
	8.57sh of 30052F100 EWGO INC. CLASS A COMMON STOCK	03/21/22	08/03/23	47.	101.	W	15.	-39.
	0.62sh of 18302MC02 META PLATFORMS, INC. CLASS A COMMON STOCK	Various	05/17/23	150.	164.	W	2.	-12.
	1.28sh of 313745101 FEDERAL REALTY INVESTMENT TRUST	10/12/21	10/25/23	110.	156.	W	6.	-40.
	29.68sh of 345370860 FORD MOTOR COMPANY	Various	10/25/23	334.	415.	W	5.	-76.
	2.01sh of 437076102 HOME DEPOT, INC.	Various	01/05/23	632.	729.	W	2.	-95.
	0.46sh of 437076102 HOME DEPOT, INC.	Various	10/25/23	130.	173.	W	3.	-40.
	0.33sh of 46090E103 INVESCO QQQ TRUST, SERIES 1	Various	03/28/23	100.	122.	W	22.	0.
	0.28sh of 46090E103 INVESCO QQQ TRUST, SERIES 1	Various	06/01/23	100.	105.	W	5.	0.
	0.51sh of 46090E103 INVESCO QQQ TRUST, SERIES 1	Various	12/07/23	200.	201.	W	3.	2.
	0.79sh of 478160104 JOHNSON & JOHNSON	Various	10/25/23	120.	125.	W	1.	-4.
	1.95sh of 494368103 KIMBERLY-CLARK CORP.	Various	10/25/23	233.	246.	W	1.	-12.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked).			2,336.	2,891.		236.	-319.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

0703

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.50sh of 580135101 MCDONALD'S CORPORATION	Various	10/25/23	130.	116.	W	0.	14.
	1.61sh of 594918104 MICROSOFT CORPORATION COMMON S TOCK	Various	01/05/23	359.	480.	W	7.	-114.
	0.64sh of 594918104 MICROSOFT CORPORATION COMMON S TOCK	11/09/21	05/17/23	200.	215.	W	2.	-13.
	1.96sh of 842587107 THE SOUTHERN COMPANY	05/24/21	09/11/23	1.	2.	W	2.	1.
	0.03sh of 64110L106 NETFLIX, INC. COMMON STOCK	02/12/21	01/05/23	10.	18.	W	8.	0.
	0.68sh of 64110L106 NETFLIX, INC. COMMON STOCK	Various	10/25/23	280.	361.	W	3.	-78.
	6.84sh of 756109104 REALTY INCOME CORPORATION	Various	10/11/23	346.	466.	W	4.	-116.
	1.96sh of 842587107 THE SOUTHERN COMPANY	Various	10/25/23	130.	131.	W	0.	-1.
	5.45sh of 855244109 STARBUCKS CORPORATION COMMON S TOCK	Various	01/05/23	568.	615.	W	4.	-43.
	1.26sh of 87612E106 TARGET CORPORATION	Various	01/05/23	192.	238.	W	6.	-40.
	3.21sh of 87612E106 TARGET CORPORATION	Various	10/11/23	347.	583.	W	6.	-230.
	1.13sh of 88160R101 TESLA, INC. COMMON STOCK	Various	01/05/23	125.	269.	W	144.	0.
	0.56sh of 88160R101 TESLA, INC. COMMON STOCK	01/05/23	06/28/23	144.	133.	W	3.	14.
	1.87sh of 88579Y101 3M COMPANY	Various	10/25/23	167.	269.	W	9.	-93.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).				2,999.	3,896.		198.	-699.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	3.21sh of 92343V104 VERIZON COMMUNICATIONS	Various	10/25/23	108.	154.	W	46.	0.
	2.57sh of 931142103 WALMART INC.	Various	01/05/23	368.	355.	W	0.	13.
	10.11sh of 914421104 WARDER BROS. DISCOVERY, INC. 5 SERIES A COMMON STOCK	12/12/22	10/25/23	100.	196.	W	14.	-82.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked).				576.	705.		60.	-69.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

-0703

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <b>Column (e)</b> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.01sh of BTCUSD Bitcoin	05/15/22	01/08/23	84.	152.			-68.
	0.03sh of BTCUSD Bitcoin	01/08/23	01/14/23	600.	500.			100.
	0.02sh of BTCUSD Bitcoin	01/14/23	04/05/23	693.	500.			193.
	BTCUSD Bitcoin	04/05/23	08/06/23	20.	20.			0.
	BTCUSD Bitcoin	04/05/23	12/07/23	100.	66.			34.
	0.40sh of ETHUSD Ethereum	Various	02/20/23	676.	582.			94.
	0.01sh of ETHUSD Ethereum	02/20/23	08/06/23	24.	22.			2.
	0.01sh of ETHUSD Ethereum	02/20/23	12/07/23	30.	22.			8.
	1.00sh of LTCUSD Litecoin	08/12/22	02/17/23	100.	62.			38.
	2.88sh of LTCUSD Litecoin	Various	10/11/23	176.	281.			-105.
	20,000,000.00sh of SHIBUSD Shiba Inu	Various	01/14/23	209.	209.			0.
	1,248,699.00sh of SHIBUSD Shiba Inu	Various	08/06/23	12.	13.			-1.
	7,791,017.00sh of SHIBUSD Shiba Inu	01/14/23	12/17/23	85.	80.			5.
	12,242,899.00sh of SHIBUSD Shiba Inu	Various	12/21/23	125.	124.			1.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked).				2,934.	2,633.			301.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RHENISH R &amp; JOCELYN C MORALES

Social security number or taxpayer identification number

0703

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.50sh of BCHUSD Bitcoin Cash	Various	10/10/23	105.	145.			-40.
	0.50sh of BSVUSD Bitcoin SV	09/29/21	01/19/23	21.	63.			-42.
	0.01sh of BTCUSD Bitcoin	09/29/21	01/08/23	84.	206.			-122.
	5.00sh of ETCUSD Ethereum Classic	Various	10/10/23	74.	179.			-105.
	1.00sh of LTCUSD Litecoin	09/29/21	02/17/23	100.	146.			-46.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked).				384.	739.			-355.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Credits for Qualifying Children  
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Name(s) shown on return

RHENISH R & JOCELYN C MORALES

Your social security number

0703

**Part I Child Tax Credit and Credit for Other Dependents**

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	-947,171.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	-947,171.
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	12	4,000.
13	Enter the amount from <b>Credit Limit Worksheet A</b>	13	0.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	14	0.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 05/21/24 TTW

Schedule 8812 (Form 1040) 2023



**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b> 4,000.
<b>b</b>	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b> 3,200.
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b> 3,200.
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b> 0.
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>
<b>19</b>	Is the amount on line 18a more than \$2,500? <input checked="" type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,800 or more? <input checked="" type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b> 0.

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . .	<b>21</b>
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>
<b>24</b>	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>
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BAA

REV 05/21/24 TTW

Schedule 8812 (Form 1040) 2023

**Qualified Business Income Deduction  
Simplified Computation**

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2023**Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

RHENISH R &amp; JOCELYN C MORALES

0703

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	MBE GROUP LLC		-1,102,290.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -1,102,290.	
3	Qualified business net (loss) carryforward from the prior year	3 (1,044,972.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 41.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 41.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 8.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 8.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 504.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (2,147,262.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ( 0.)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

REV 05/21/24 TTW

Form **8995** (2023)



**Premium Tax Credit (PTC)**Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Name shown on your return

Your social security number

RHENISH R &amp; JOCELYN C MORALES

0703

**A.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter your tax family size. See instructions . . . . .	<b>1</b>	4
<b>2a</b>	Modified AGI. Enter your modified AGI. See instructions . . . . .	<b>2a</b>	-947,171.
<b>b</b>	Enter the total of your dependents' modified AGI. See instructions . . . . .	<b>2b</b>	
<b>3</b>	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .	<b>3</b>	0.
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	27,750.
<b>5</b>	Household income as a percentage of federal poverty line (see instructions) . . . . .	<b>5</b>	0 %
<b>6</b>	Reserved for future use . . . . .		
<b>7</b>	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .	<b>7</b>	0.0000
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount <b>8a</b>	0.	<b>b</b> Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount <b>8b</b>
			0.

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12</b> January	1,031.	1,763.	0.	1,763.	1,031.	165.
<b>13</b> February						
<b>14</b> March	2,040.	2,161.	0.	2,161.	2,040.	1,194.
<b>15</b> April	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>16</b> May	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>17</b> June	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>18</b> July	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>19</b> August	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>20</b> September	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>21</b> October	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>22</b> November	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>23</b> December	2,040.	2,161.	0.	2,161.	2,040.	1,170.
<b>24</b> Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	21,431.
<b>25</b> Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	11,889.
<b>26</b> Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .					<b>26</b>	9,542.

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	
<b>28</b>	Repayment limitation (see instructions) . . . . .	<b>28</b>	
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 . . . . .	<b>29</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8962** (2023)

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSPP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSPP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSPP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSPP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month



## Additional Information From 2023 Federal Tax Return

### Schedule 1: Additional Income and Adjustments to Income

#### Other Income

#### Continuation Statement

Description	Amount
Substitute Payment from 1099-Misc	6.
Other Income from box 3 of 1099-Misc	1.
<b>Total</b>	<b>7.</b>

### Schedule C (AUTO REPAIR SHOP): Profit or Loss from Business

#### Additional Vehicle Info

#### Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?
08/07/2020	15,000	0	No	Yes	No
08/17/2020	15,000	0	No	Yes	No

### Schedule C (AUTO REPAIR SHOP): Profit or Loss from Business

#### Line 48 Other Expenses

#### Continuation Statement

Description	Amount
903CDA	180.
CORES	2,946.
SYNCHRONY	6,789.
CREDIT CARD FEES	89,494.
DAMAGE CLAIMS	6,499.
Dues and Subscriptions	59,165.
FLEET DISCOUNT	11,816.
Midas Royalty Payments	393,112.
OUTSIDE SERVICE	1,229.
Uncategorized Expenses	3,571.
WARRANTY EXP	1,690.
Chargeback	903.
Depreciation Expense	123,000.
LATE FINANCE CHARGE	8,139.
AMORTIZATION	3,853.
<b>Total</b>	<b>712,386.</b>

2023

# Limited Liability Company Return of Income

568

RP

MBEG

23

TYB 01-01-2023 TYE 12-31-2023  
MBE GROUP LLC

1597 N TEMPERANCE AVENUE  
FRESNO CA 93727

ACCTMETHOD 2 03-14-2014  
INITIAL 0 FINAL 0 AMENDED 0

- I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?  
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. ☐ Yes ☒ No
- (2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest?  
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. ☐ Yes ☒ No
- (3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?  
If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? If yes to both questions, answer yes. ☐ Yes ☒ No
- (Yes requires filing of BOE-100-B statement, penalties may apply- see instructions.)

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.

Whole dollars only

1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	4307929	00
2	Limited Liability Company fee. See instructions.	2	6000	00
3	2023 annual Limited Liability Company tax. See instructions	3	800	00
4	Pass-through entity elective tax. See instructions	4		00
5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5		00
6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	6		00
7	Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6.	7	6800	00
8	Amount paid with form FTB 3537 and 2023 form FTB 3522 and form FTB 3536.	8		00
9	Amounts paid for pass-through entity elective tax	9		00
10	Overpayment from prior year allowed as a credit.	10		00
11	Withholding (Form 592-B and/or 593).	11		00
12	Total payments. Add line 8, line 9, line 10 and line 11	12		00
13	Use tax. This is not a total line. See instructions.	13		00
14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14		00
15	Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13	15		00
16	Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7	16	6800	00
17	Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17		00

Enclose, but do not staple,  
any payment.

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Form 568 2023 Side 1



		Whole dollars only	
18	Amount of line 17 to be credited to 2024 tax or fee.....	18	00
19	Refund. If the total of line 18 is less than line 17, subtract the total from line 17.....	19	00
20	Penalties and interest. See instructions.....	20	00
21	Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result. ....	21	6 8 0 0 00

**J** Principal business activity code (Do not leave blank)..... PBA 441300  
 Business activity 441300 AUTOMOTIVE PARTS & TIRE RETAILERS Product or service AUTOMOTIVE PARTS & TIRE RETAILERS

**K** Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members..... 1

**L** Is this LLC an investment partnership? See General Information O..... ☐ Yes ☒ No

**M** (1) Is this LLC apportioning or allocating income to California using Schedule R?..... ☐ Yes ☒ No  
 (2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ... ☒ Yes ☐ No

**N** Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ... ☐ Yes ☒ No

**P** (1) Does the LLC have any foreign (non-U.S.) nonresident members?..... ☐ Yes ☒ No  
 (2) Does the LLC have any domestic (non-foreign) nonresident members?..... ☐ Yes ☒ No  
 (3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ..... ☐ Yes ☒ No

**Q** Are any members in this LLC also LLCs or partnerships? ..... ☐ Yes ☒ No

**R** Is this LLC under audit by the IRS or has it been audited in a prior year? ..... ☐ Yes ☒ No

**S** Is this LLC a member or partner in another multiple member LLC or partnership? ..... ☐ Yes ☒ No  
 If "Yes," complete Schedule EO, Part I.

**T** Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ..... ☒ Yes ☐ No

**U** (1) Is this LLC a business entity disregarded for tax purposes? ..... ☒ Yes ☐ No  
 (2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ..... ☐ Yes ☒ No  
 (3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources?..... ☐ Yes ☒ No

**V** Has the LLC included a Reportable Transaction, or Listed Transaction within this return? ..... ☐ Yes ☒ No  
 (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction. ....

**W** Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ..... ☐ Yes ☒ No

**X** Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ..... ☐ Yes ☒ No

**Y** Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ..... ☐ Yes ☒ No  
 If "Yes," attach schedule of trusts and federal identification numbers.

**Z** Does this LLC own an interest in a business entity disregarded for tax purposes?..... ☒ Yes ☐ No  
 If "Yes," complete Schedule EO, Part II.

**AA** Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ..... ☐ Yes ☒ No

**BB** Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ..... ☐ Yes ☒ No

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(continued on Side 3)

(continued from Side 2)

- CC** (1) Is the LLC deferring any income from the disposition of assets? (see instructions) ..... ☐ Yes ☒ No
- (2) If "Yes," enter the year of asset disposition: .....
- DD** Is the LLC reporting previously deferred income from: ..... ☐ Installment Sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other
- EE** "Doing business as" name. See instructions: .....
- FF** (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? ..... ☐ Yes ☒ No
- (2) If "Yes," provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): .....
- GG** (1) Has this LLC previously operated outside California? ..... ☐ Yes ☒ No
- (2) Is this the first year of doing business in California? ..... ☐ Yes ☒ No
- HH** Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? ..... ☐ Yes ☒ No
- II** At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? ..... ☐ Yes ☒ No
- JJ** Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes
- (2) ☐ Grouped activities for IRC Section 469 passive activity purposes
- KK** (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ..... ☐ Yes ☒ No
- (2) If "Yes," when was the last report filed? (mm/dd/yyyy) ..... (3) Amount last remitted \$ .....

**Single Member LLC Information and Consent** — Complete only if the LLC is disregarded.

• Federal TIN/SSN

Sole Owner's name (as shown on owner's return)

FEIN/CA Corp no /CA SOS File no.

• **RHENISH R MORALES**

323 EVERGREEN DR

Street Address, City, State, and ZIP Code **SO, SAN FRANCISCO CA 94080**

• What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:

- ☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
- ☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ▶

Date **07-15-2024**

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of authorized member or manager .....  
Authorized member or manager's email address (optional) .....

Date **7/15/24** Telephone .....

Paid Preparer's Use Only

Paid preparer's signature ..... Date ..... Check if self-employed ☐

Firm's name (or yours, if self-employed) and address ..... **SELF PREPARED** Telephone .....

May the FTB discuss this return with the preparer shown above (see instructions)? ..... ☐ Yes ☐ No

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Form 568 2023 Side 3



# **Schedule A Cost of Goods Sold**

1	Inventory at beginning of year	1	83326	00
2	Purchases less cost of items withdrawn for personal use	2		00
3	Cost of labor	3	894974	00
4	Additional IRC Section 263A costs. Attach schedule	4		00
5	Other costs. Attach schedule <b>MATERIALS AND SUPPLIES</b>	5	1064538	00
6	<b>Total.</b> Add line 1 through line 5	6	2042838	00
7	Inventory at end of year	7	34713	00
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Schedule B, line 2.	8	2008125	00

9 a Check all methods used for valuing closing inventory:  
 (1) ☒ Cost (2) ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) ☐ Other. Specify method used and attach explanation \_\_\_\_\_  
 b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐  
 c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☒ No  
 d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

# **Schedule B Income and Deductions**

**Caution:** Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales \$ <u>4307929</u> b Less returns and allowances \$ _____ c Balance	1c	4307929	00
	2 Cost of goods sold (Schedule A, line 8)	2	2008125	00
	3 GROSS PROFIT. Subtract line 2 from line 1c	3	2299804	00
	4 Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule	4		00
	5 Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule	5		00
	6 Total farm profit. Attach federal Schedule F (Form 1040)	6		00
	7 Total farm loss. Attach federal Schedule F (Form 1040)	7		00
	8 Total gains included on Schedule D-1, Part II, line 17 (gain only)	8		00
	9 Total losses included on Schedule D-1, Part II, line 17 (loss only)	9		00
	10 Other income. Attach schedule	10		00
	11 Other loss. Attach schedule <b>OTHER LOSS</b>	11	353835	00
	12 <b>Total income (loss).</b> Combine line 3 through line 11	12	2653639	00
Deductions	13 Salaries and wages (other than to members)	13	1054255	00
	14 Guaranteed payments to members	14		00
	15 Bad debts	15		00
	16 Deductible interest expense not claimed elsewhere on return	16	101578	00
	17 a Depreciation and amortization. Attach form FTB 3885L \$ <u>22027</u> b Less depreciation reported on Schedule A and elsewhere on return \$ _____ c Balance	17c	22027	00
	18 Depletion. Do not deduct oil and gas depletion	18		00
	19 Retirement plans, etc.	19		00
	20 Employee benefit programs	20	6562	00
	21 Other deductions. Attach schedule <b>SEE OTHER DEDUCTIONS STATEMENT</b>	21	1873839	00
	22 <b>Total deductions.</b> Add line 13 through line 21	22	3058261	00
	23 <b>Ordinary income (loss) from trade or business activities.</b> Subtract line 22 from line 12	23	-404622	00

# **Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.**

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0-

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**Schedule K Members' Shares of Income, Deductions, Credits, etc.**

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1 ● -1102290	-6149	● -1108439			
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2 ●		●			
	3 a	Gross income (loss) from other rental activities	3a ●		●			
	b	Less expenses. Attach schedule	3b					
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c ●		●			
	4	Guaranteed payments	4a					
	a	Services	4b					
	b	Capital	4c ●		●			
	c	Total	5 ●		●			
	6	Interest income	6 ●		●			
	7	Dividends	7 ●		●			
Deductions	8	Royalties	8 ●		●			
	9	Net short-term capital gain (loss). Attach Schedule D (568)	9 ●		●			
	10	Net long-term capital gain (loss). Attach Schedule D (568)	10a ●		●			
	a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10b ●		●			
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	11a ●		●			
	11	Other portfolio income (loss). Attach schedule	11b ●		●			
	a	Total other income. Attach schedule	11c ●		●			
	b	Total other loss. Attach schedule	12 ●		●			
	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	13a ●		●			
	13	Cash contributions	13b ●		●			
	Credits	a	Noncash contributions	13c ●		●		
b		Investment interest expense	13d1 ●		●			
c		Total expenditures to which IRC Section 59(e) election may apply	13d2					
d		Type of expenditures	13e ●		●			
e		Deductions related to portfolio income	13f ●		●			
f		Other deductions. Attach schedule	15a		●			
15		Withholding on LLC allocated to all members	15b		●			
a		Low-income housing credit	15c		●			
b		Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15d		●			
c		Credits related to other rental activities. Attach schedule	15e		●			
Alternative Minimum Tax (AMT) Items		d	Nonconsenting nonresident members' tax paid by LLC	15f		●		
	f	Other credits. Attach schedule	17a	1817	-4902 ● -3085			
	17	Depreciation adjustment on property placed in service after 1986	17b		●			
	a	Adjusted gain or loss	17c		●			
	b	Depletion (other than oil and gas)	17d		●			
	c	Gross income from oil, gas, and geothermal properties	17e		●			
Other Information	d	Deductions allocable to oil, gas, and geothermal properties	17f		●			
	f	Other alternative minimum tax items. Attach schedule	18a		●			
	18	Tax-exempt interest income	18b		●			
	a	Other tax-exempt income	18c		●			
	b	Nondeductible expenses	19a		●			
	19	Distributions of money (cash and marketable securities)	19b		●			
	a	Distribution of property other than money	20a		●			
	b	Investment income	20b		●			
Analysis	c	Investment expenses	20c	3954094	● 3954094			
	c	Other information. See instructions. AGGREGATE GROSS RECEIPTS						
Analysis	21	Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f	21a ● -1102290	-6149	● -1108439			
	b	Analysis of members:	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	Members	●	● -1102290 ●	●	●	●	0	

## Additional Information From Form 568 (MBE GROUP LLC): LLC Return of Income

Form 568 (MBE GROUP LLC): LLC Return of Income

Page 3, Schedule B, line 21 - Other Deductions

Continuation Statement

Description	Amount
ADVERTISING	29211
CAR AND TRUCK	19650
INSURANCE	81024
LEGAL AND PROFESSIONAL	101441
OFFICE EXPENSE	13826
VEHICLE, MACHINERY RENT OR LEASE	26373
OTHER RENT OR LEASE	487820
REPAIRS AND MAINTENANCE	27244
SUPPLIES	74337
TAXES AND LICENSES	180204
TRAVEL	437
MEALS AND ENTERTAINMENT	3187
UTILITIES	106852
OTHER EXPENSES	722233
<b>Total</b>	<b>1873839</b>



**Schedule IW Limited Liability Company (LLC) Income Worksheet**

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ..... 1a 2299804
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 ..... 1b 2008125
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ..... 2a
- b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ..... 2b
- 3 a LLC's distributive share of ordinary income from pass-through entities ..... 3a
- b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ..... 3b
- c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ..... 3c
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ..... 4
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ..... 5
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 ..... 6
- 7 Add line 1a through line 6 ..... 7 4307929
- 8 California rental real estate
- a Enter the total gross rents from federal Form 8825, line 18a ..... 8a
- b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ..... 8b
- c Add line 8a and line 8b ..... 8c
- 9 Other California rentals.
- a Enter the amount from Schedule K (568), line 3a ..... 9a
- b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ..... 9b
- c Add lines 9a and 9b ..... 9c
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 ..... 10
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ..... 11
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ..... 12
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 ..... 13
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ..... 14
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a ..... 15
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ..... 16
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ..... 17 4307929

REV 05/21/24 TTW

**2023 California Resident Income Tax Return****540**

APE

ATTACH FEDERAL RETURN

0703 MORA  
 RHENISH R MORALES  
 JOCELYN C MORALES

3484

23 PBA 441300

323 EVERGREEN DR  
 SOUTH SAN FRANCIS CA 94080

Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN MATEO
If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒
☒

City

State

ZIP code

☒
☒
If your California filing status is different from your federal filing status, check the box here . . . . . ☐

Filing Status

1 ☐ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 ☐ If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7  2 X \$144 = ☒ \$  2888 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. . . . . ☒ 8  X \$144 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ☒ 9  X \$144 = ☒ \$ 

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Form 540 2023 Side 1



Your name: **MORALES** Your SSN or ITIN: **0703**

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/> <b>MORALES</b>	<input type="radio"/> <b>MORALES</b>	<input type="radio"/>
SSN. See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> <b>DAUGHTER</b>	<input type="radio"/> <b>DAUGHTER</b>	<input type="radio"/>

Total dependent exemptions ..... **10** ☐ **2** X \$446 = ☐ \$ **892**

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ☐ **11** \$ **1180**

<b>12</b>	State wages from your federal Form(s) W-2, box 16 ..... <b>12</b>	<b>152289</b>	<b>.00</b>
<b>13</b>	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... <input type="radio"/> <b>13</b>	<b>-947171</b>	<b>.00</b>
<b>14</b>	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... <b>14</b>	<b>6149</b>	<b>.00</b>
<b>15</b>	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b>	<b>-953320</b>	<b>.00</b>
<b>16</b>	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... <b>16</b>	<b>381150</b>	<b>.00</b>
<b>17</b>	California adjusted gross income. Combine line 15 and line 16 ..... <b>17</b>	<b>-572170</b>	<b>.00</b>
<b>18</b>	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> { Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. .... \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions. .... <b>18</b>	<b>57851</b>	<b>.00</b>
<b>19</b>	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... <input type="radio"/> <b>19</b>	<b>0</b>	<b>.00</b>

<b>31</b>	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803 ..... <b>31</b>	<b>0</b>	<b>.00</b>
<b>32</b>	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. .... <input type="radio"/> <b>32</b>	<b>1180</b>	<b>.00</b>
<b>33</b>	Subtract line 32 from line 31. If less than zero, enter -0- ..... <input type="radio"/> <b>33</b>	<b>0</b>	<b>.00</b>
<b>34</b>	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A. .... <b>34</b>		<b>.00</b>
<b>35</b>	Add line 33 and line 34. .... <input type="radio"/> <b>35</b>	<b>0</b>	<b>.00</b>

<b>40</b>	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... <b>40</b>		<b>.00</b>
<b>43</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount. .... <b>43</b>		<b>.00</b>
<b>44</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount. .... <b>44</b>		<b>.00</b>

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Your name:

MORALES

Your SSN or ITIN:

0703

## Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ..... ● 45  .00
- 46 Nonrefundable Renter's Credit. See instructions ..... ● 46  .00
- 47 Add line 40 through line 46. These are your total credits ..... ● 47  .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ..... ● 48  0 .00

## Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ..... ● 61  .00
- 62 Mental Health Services Tax. See instructions ..... ● 62  .00
- 63 Other taxes and credit recapture. See instructions ..... ● 63  .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. .... ● 64  0 .00

## Payments

- 71 California income tax withheld. See instructions ..... ● 71  10769 .00
- 72 2023 California estimated tax and other payments. See instructions ..... ● 72  .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions ..... ● 73  .00
- 74 Excess SDI (or VPD) withheld. See instructions ..... ● 74  .00
- 75 Earned Income Tax Credit (EITC). See instructions ..... ● 75  .00
- 76 Young Child Tax Credit (YCTC). See instructions ..... ● 76  .00
- 77 Foster Youth Tax Credit (FYTC). See instructions ..... ● 77  .00
- 78 Add line 71 through line 77. These are your total payments.  
See instructions ..... ● 78  10769 .00

## Use Tax

- 91 Use Tax. Do not leave blank. See instructions ..... ● 91  0 .00
- If line 91 is zero, check if: ● ☒ No use tax is owed. ● ☐ You paid your use tax obligation directly to CDTFA.

## ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage. .... ● ☒  
If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 92  .00

## Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ..... ● 93  10769 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ..... ● 94  .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93. .... ● 95  10769 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92. .... ● 96  .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. .... ● 97  10769 .00

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Form 540 2023 Side 3

Your name: **MORALES** Your SSN or ITIN: **0703**

<b>Overpaid Tax/Tax Due</b>	<b>98</b>	Amount of line 97 you want applied to your <b>2024</b> estimated tax .....	<b>98</b>	<input type="text"/>	<input type="text" value=".00"/>
	<b>99</b>	Overpaid tax available this year. Subtract line 98 from line 97 .....	<b>99</b>	<input type="text" value="10769"/>	<input type="text" value=".00"/>
	<b>100</b>	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 .....	<input checked="" type="radio"/> <b>100</b>	<input type="text"/>	<input type="text" value=".00"/>

**Contributions**

	<u>Code</u>	<u>Amount</u>	
California Seniors Special Fund. See instructions .....	● 400	<input type="text"/>	<input type="text" value=".00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	● 401	<input type="text"/>	<input type="text" value=".00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● 403	<input type="text"/>	<input type="text" value=".00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund .....	● 405	<input type="text"/>	<input type="text" value=".00"/>
California Firefighters' Memorial Voluntary Tax Contribution Fund .....	● 406	<input type="text"/>	<input type="text" value=".00"/>
Emergency Food for Families Voluntary Tax Contribution Fund .....	● 407	<input type="text"/>	<input type="text" value=".00"/>
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	● 408	<input type="text"/>	<input type="text" value=".00"/>
California Sea Otter Voluntary Tax Contribution Fund .....	● 410	<input type="text"/>	<input type="text" value=".00"/>
California Cancer Research Voluntary Tax Contribution Fund .....	● 413	<input type="text"/>	<input type="text" value=".00"/>
School Supplies for Homeless Children Voluntary Tax Contribution Fund .....	● 422	<input type="text"/>	<input type="text" value=".00"/>
State Parks Protection Fund/Parks Pass Purchase .....	● 423	<input type="text"/>	<input type="text" value=".00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● 424	<input type="text"/>	<input type="text" value=".00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund .....	● 425	<input type="text"/>	<input type="text" value=".00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● 438	<input type="text"/>	<input type="text" value=".00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● 439	<input type="text"/>	<input type="text" value=".00"/>
Rape Kit Backlog Voluntary Tax Contribution Fund .....	● 440	<input type="text"/>	<input type="text" value=".00"/>
Suicide Prevention Voluntary Tax Contribution Fund .....	● 444	<input type="text"/>	<input type="text" value=".00"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund .....	● 445	<input type="text"/>	<input type="text" value=".00"/>
<b>110</b> Add amounts in code 400 through code 445. This is your total contribution .....	● 110	<input type="text"/>	<input type="text" value=".00"/>

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Your name: **MORALES** Your SSN or ITIN: **0703**

**Amount You Owe** **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** **111**  **.00**  
Pay Online – Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

**Interest and Penalties** **112** Interest, late return penalties, and late payment penalties **112**  **.00**  
**113** Underpayment of estimated tax.  
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113**  **.00**  
**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**  **.00**

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** **115**  **10769** **.00**

**Refund and Direct Deposit** Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

☐ Routing number ☐ Type ☐ Checking ☐ Account number **116** Direct deposit amount  **.00**  
☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

☐ Routing number ☐ Type ☐ Checking ☐ Account number **117** Direct deposit amount  **.00**  
☐ Savings

**Voter Info.** For voter registration information, check the box and go to [sos.ca.gov/elections](http://sos.ca.gov/elections). See instructions. ☐

**Health Care Coverage Info.** Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions. ☒ ☐ Yes ☐ No

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Sign your tax return on Side 6

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Form 540 2023 Side 5

Your name: **MORALES**

Your SSN or ITIN: **0703**

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature



Date

**7/15/24**

Spouse's/RDP's signature (if a joint tax return, both must sign)



☒ Your email address. Enter only one email address.

**RHEMISH.M@GMAIL.COM**

☐ Preferred phone number

**Sign  
Here**

It is unlawful  
to forge a  
spouse's/  
RDP's  
signature.

Joint tax  
return?  
See  
instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

**SELF PREPARED**

☐ PTIN

Firm's address

☐ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . .

☐ Yes

☒ No

Print Third Party Designee's Name

Telephone Number

REV 05/21/24 TTW



**2023****Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.****Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

**W-2 Information**

a. Employee's social security number*		c. Employer's name	
<input type="radio"/> <input type="text"/>		<input type="radio"/> MBE GROUP LLC	
b. Employer identification number (EIN)		Employer's address	
<input type="radio"/> <input type="text"/>		<input type="radio"/> 1420 V ST	
		City	State ZIP code
		<input type="radio"/> MERCED	<input type="radio"/> CA <input type="radio"/> 95340
e. Employee's first name*		Initial*	Last name*
<input type="radio"/> JOCELYN		<input type="radio"/> C	<input type="radio"/> MORALES
f. Employee's address*		Suffix*	
<input type="radio"/> 323 EVERGREEN DRIVE		<input type="radio"/> <input type="text"/>	
City*		State*	ZIP code*
<input type="radio"/> SO SAN FRANCISCO		<input type="radio"/> CA	<input type="radio"/> 94080
1. Wages, tips, other compensation		4. Social security tax withheld	8. Allocated tips (not included in box 1)
<input type="radio"/> 152289		<input type="radio"/> 9442	<input type="radio"/> <input type="text"/>
2. Federal income tax withheld		6. Medicare tax withheld	10. Dependent care benefits
<input type="radio"/> 16763		<input type="radio"/> 2208	<input type="radio"/> <input type="text"/>
3. Social security wages		7. Social security tips	11. Nonqualified plans
<input type="radio"/> 152289		<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
12. Codes and amounts			
Code Amount		Code Amount	
12a. <input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	12c. <input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
12b. <input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	12d. <input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay			
<input type="radio"/> Statutory employee <input type="radio"/> Retirement plan <input type="radio"/> Third-party sick pay			
14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)			
Type	Amount	16. State wages, tips, etc.	
<input type="radio"/> SDI	<input type="radio"/> 1371	<input type="radio"/> 152289	
15. State and employer's state ID number		17. State income tax	
State	Employer's state ID number	<input type="radio"/> 10769	
<input type="radio"/> CA	<input type="radio"/> <input type="text"/>		

**Franchise Tax Board Privacy Notice on Collection**

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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